

Dual Licensure or Certification

In Oregon, nurses and nursing assistants may simultaneously hold more than one license or certificate. Certified medication aides (CMAs) must also have a current certificate as a nursing assistant (CNA). Advanced practice registered nurses (clinical nurse specialists, certified registered nurse anesthetists and nurse practitioners) in addition to their advanced practice license type must also maintain a current Oregon registered nurse (RN) license. RNs may choose to hold a current license along with a licensed practical nurse (LPN) and/or a nursing assistant certificate.

Commonly Asked Questions

1. **QUESTION:** Can a RN or LPN work as a CNA in Oregon?

DISCUSSION: A RN or LPN can fill in for a CNA or a CMA on an occasional basis as necessary. However, if the RN or LPN accepts a CNA or CMA position, they must hold current Oregon CNA or CMA certification. It is important for the RN or LPN to not represent his or herself as a RN or LPN while working in that position. Everything from the nametag to the job description needs to clearly identify the individual as a CNA or CMA. The RN or LPN must stay within the CNA or CMA authorized duties and would be reporting to the licensed nurse. Everyone must have clear roles for public safety. Working as a CNA or CMA does not count as practice hours for the renewal of the RN or LPN license. The application to apply for these certifications based on having a current RN or LPN license is found at http://www.oregon.gov/OSBN/Documents/Form_LIC-706.pdf.

2. **QUESTION:** Does the Oregon State Board of Nursing (OSBN) have a stance on allowing a licensed RN to practice as a CNA once they have transitioned out of their role as a CNA to RN practice?

DISCUSSION: The (OSBN) does not have statute or administrative rule that prohibits an individual from holding multiple license types (RN, LPN, CNA, etc.). There are some states where this is prohibited and a CNA that applies for a nursing license must inactivate the CNA (or it is done automatically). That is not the case in Oregon; however, there are some important considerations when an individual holds a dual license/certification(s):

- The individual must be clear on the role being fulfilled at any given time. For example, if the individual is working on a unit for a shift as a CNA, they cannot be assigned nursing care usually done by the RN. The staff on the unit needs to be clear on the role being fulfilled so that appropriate assignments are made.
- If the individual seeks to maintain multiple license types, all requirements to do so must be met at the time of renewal for each (adequate number of practice hours under each license).

However, a given facility/agency may certainly have a policy that is more restrictive than the Nurse Practice Act. There are some employers in Oregon that do not allow an employee to hold both a CNA and an RN position at the same time.

3. **QUESTION:** When an individual holds more than one Oregon license or certification, how does the Board handle complaints and discipline?

DISCUSSION: When the Board investigates a complaint regarding a licensee or certificate holder who holds another license or certificate and a violation of the Nurse Practice Act has been established, the Board will first determine the appropriate sanction to be imposed on the license/certificate for which the complaint was made. If the licensee/certificate holder possesses a second license/certificate, the Board will consider the following factors to determine whether the second license/certificate should also be sanctioned:

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- The seriousness of the conduct or practice.
- The likelihood that the licensee/certificate holder would have the opportunity to repeat the same practice error if the second license/certificate is left unencumbered.
- The nature of the complaint in relationship to the scope of practice of that license/certificate versus the scope and responsibilities of the second license/certificate.
- The likelihood that the licensee/certificate holder would repeat the same conduct if the second license/certificate is left unencumbered.
- The risk to public health and safety if the second license/certificate is left unencumbered.

The following examples illustrate application of the above factors:

- A complaint of unsafe administration of medications by a certified medication aide that results in removal of the ability to function as a medication aide may not affect that person's ability to safely function as a nursing assistant (who does not have the authority to administer medications).
- A complaint about the prescribing practices of a nurse practitioner that results in removal of prescribing authority may not affect that person's ability to safely practice as a registered nurse.
- A complaint about the practice of a nurse practitioner may be at risk for replication in practice as a Registered Nurse if the complaint involves basic concepts of nursing practice such as record keeping, communication, assessment and implementation skills and exercising appropriate judgment in the practice of nursing.
- A complaint about the unsafe practice of a Registered Nurse may be a risk for replication in practice as a Licensed Practical Nurse, dependent on the nature and seriousness of the complaint and the scope and responsibilities of both levels of licensure.
- Unacceptable conduct towards patients, regardless of the level of licensure/certification, is likely to be repeated if a second license/certificate is retained.

4. **QUESTION:** Our CNA 2s have become emergency department techs. They have completed a phlebotomy class. We would like them to draw labs. Can they perform lab draws while being both a CNA 2 and phlebotomy tech?

DISCUSSION: It is not within the CNA 1 or CNA 2s authorized duties to draw blood per Division 63 of the Oregon Nurse Practice Act located at

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_063.html (web link needs updating).

When a CNA is working in a setting where the nurse is down the hall (hospital, nursing home), the CNA is working under supervision. Supervision means the nurse is available to intervene if necessary and periodically observes and evaluates the skills and abilities of the CNA. In these settings, the CNA 1 and CNA 2 are working under authorized duties found in Division 63 of the Nurse Practice Act. The nurse can only assign/delegate tasks to the CNA 1 and CNA 2 that are within their authorized duties. The RN **may not** assign/delegate phlebotomy to a CNA level one or level two.

If the CNA accepts a tech position, they would be treated like any other unlicensed assistive person (UAP). It is important for the CNA to not represent his or herself as a CNA while in the tech role. Everything from the nametag to job description needs to clearly identify the individual as a tech. The tech does not get their authority to perform the tasks from the nurse. Working as a tech, performing duties outside of the CNA authorized duties, does not count as employment hours for the renewal of the CNA certificate.

It can be challenging for a CNA to take a tech position particularly if some days the CNA works as a CNA and other days works as a tech within the same facility. Everyone must have clear roles for public safety. It is crucial that everyone knows what role the individual is fulfilling at all times.

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5. **QUESTION:** Can a APRN (CNS, CRNA, NP) also work a side job as a RN?

DISCUSSION: A dually licensed RN and APRN may work in either role as long as they keep clear in the implementation of their practice what role they are practicing under. They must stay within the scope and standards of practice for an RN while they are implementing that role. The staff (if they are working in the same location as an APRN and an RN) must not tap into their APRN legal authority to diagnose and prescribe while they are working as an RN.

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